





## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

|              |  | (FUR U      | SE WITH        | FORM I      | PIO-875)      |      |
|--------------|--|-------------|----------------|-------------|---------------|------|
|              | AS   | FILED       | AF             | TER         | AF<br>2nd AME | TER  |
|              | IND.   | DEP.        | IND.           | DEP.        | IND.          | DEP. |
| 1            |  | 1           |                |             |               |      |
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| OTAL         |  |             |                |             |               |      |
| AIMS         | $\mathcal{L}$                                    |             |                | (etc.)      |               | 2.2  |

PTO-1360 (3-78)

•MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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